

Non-State Entity Application: VHCURES Limited Use Health Care Claims Research Data Set

Application Instructions2

Introduction2

Application Review Process3

Definitions4

Application Checklist.....5

Application

Section 1: Research Summary.....6

Section 2: Data Management Plan.....10

Section 3: Project Team.....19

Section 4: Data Procurement and Price22

Section 5: Data Transmission and Receipt.....23

Section 6: Signatures.....24

GMCB Processing Section21

APPLICATION INSTRUCTIONS

Introduction

The Vermont Health Care Uniform Reporting and Evaluation System (VHCURES)

The Vermont legislature authorized the collection of eligibility and claims data for Vermont residents to enable the Green Mountain Care Board (GMCB) to carry out its statutory duties that include determining the capacity and distribution of existing resources; identifying health care needs and informing health care policy; evaluating the effectiveness of intervention programs on improving patient outcomes; comparing costs between various treatment settings and approaches; providing information to consumers and purchasers of health care; and improving the quality and affordability of patient health care and health care coverage. (18 V.S.A. § 9410)

The GMCB is required to make the VHCURES data and information available as a resource for individuals and entities to continuously review health care utilization, expenditures, and performance in Vermont to the extent permitted by the Health Information Portability and Accountability Act (HIPAA) and other pertinent state and federal laws.

The claims and eligibility data available under a data use agreement can be broadly grouped into three lines of business including commercial, Medicaid, and Medicare. The GMCB has independent discretion to make decisions regarding the use and disclosure of commercial insurer data. The Department of Vermont Health Access (DVHA) and the GMCB share discretion with respect to the Medicaid data subset. DVHA must approve the use and disclosure of Medicaid data and must sign the Data Use Agreement (DUA) for authorized users of the Medicaid data subset. Per an agreement with the federal Centers for Medicare and Medicaid Services (CMS), the Medicare data subset is available only to Vermont State Agencies and entities performing research that is directed and partially funded by the State of Vermont. Under a DUA between GMCB and CMS, GMCB has independent discretion to make decisions regarding the use and disclosure of the Medicare data subset by Vermont state agencies.

Vermont state agencies may apply for a standard comprehensive research data set that includes all unrestricted and restricted data elements for broad use internally and by state contractors. Non-state entities may apply for a DUA for a limited use health care claims research data set using a different application form. This type of data set excludes the Medicare data subset and is tailored to specific research purposes as approved by GMCB and DVHA if the Medicaid data subset is requested. Applicants who are non-state entities must justify requests for individual restricted data elements and explain how the requested restricted data elements are applicable to the intended research purpose.

Data Governance Council

The GMCB chartered the [Data Governance Council](#) (DGC) to oversee the stewardship of VHCURES including the development and revision of principles and policies to guide decisions on data use and

disclosure. The DCG supports the GMCB decision-making process for applications requesting use and disclosure of VHCURES data sets by non-state entities as addressed in this application form.

Application Review Process

This application is required of non-state entities requesting a DUA for a VHCURES limited use health care claims research data set (hereafter referred to as a limited use research data set) with the option of including the commercial and Medicaid data subsets to support a project focused on a specific research purpose or study.

GMCB staff must deem this application complete before initiating the full review process. **This includes submission of all required and applicable optional attachments as listed in the Application Checklist in this application.** Applicants must include a full list of individuals who will have access to the data set upon the effective date of the DUA with this application. Applicants must file Individual User Affidavits (IUA) signed by the Authorized User (AU) or Principal Investigator (PI) for all data users listed on this application. AUs or PIs must ensure that IUAs are filed with GMCB for future data users prior to their access to the data set or risk forfeiture of the DUA and the data set.

After an application is deemed complete, GMCB will start the application review process that may include a public discussion of the application by the DGC. The GMCB has the discretion to approve or disapprove applications for a DUA. All requests for the Medicaid data subset must also be approved by the Department of Vermont Health Access (DVHA). The GMCB will provide DVHA with a copy of the complete application, following a review of the application by the GMCB. Applicants may also be required to obtain approval of the AHS Institutional Review Board (IRB) Committee. (See <http://humanservices.vermont.gov/boards-committees/irb>)

The Agency of Administration (AOA) under “Procurement and Contracting Procedures” of Bulletin 3.5 is required to review and approve the DUA after the GMCB and DVHA, if applicable, have approved the application for a DUA.

The GMCB must review and approve requests by non-state entities to redisclose data including custom extracts to contractors, subcontractors, or other external agents. Non-state entities must file data redisclosure request form(s) (DRRF) with the GMCB prior to redisclosing the data set or any extracts generated from the data set to any external agents. This ensures continued compliance with provisions of state and federal laws and regulations regarding the data. The GMCB must also review any proposal to change the use or research purpose of the data after the DUA has been issued for a specific research purpose. The GMCB may require the filing of a new application for a DUA after reviewing requests for change in data use under an existing DUA.

Final Steps in the Application Process

If approved by AOA, the GMCB and the applicant jointly enter into a DUA that is signed by the Authorized User, Principal Investigator, GMCB, and DVHA if the Medicaid data subset is included. Prior to receiving the data set approved under the DUA, all individuals accessing and using the data on behalf of the Authorized User must sign IUAs attesting to understanding the appropriate use and disclosure of the data set and agree to comply with the requirements. If GMCB declines an application, a written

statement identifying the specific basis for denial of the application will be provided to the applicant. The applicant may resubmit or supplement the application to address GMCB's concerns including those of DVHA if Medicaid data are being requested. An adverse decision regarding an application may be appealed to the GMCB.

General Instructions

Applicants must complete all required sections of the application and submit an electronic copy of the completed application, including all attachments, to gmc.data@vermont.gov. Incomplete applications will not be reviewed until the applicant has provided all required information. An application checklist is provided to help ensure that your application is complete. For questions about the application process, gmc.data@vermont.gov

Definitions

Agent: Means any individual or entity (e.g., a contractor, subcontractor, grantee, or subgrantee) acting on behalf of the Authorized User and subject to the Authorized User's control or accessing the Data Set on behalf of the Authorized User.

Authorized User: The Authorized User (AU) is typically an organization or agency. The AU signatory to the Application and the DUA must have the authority to sign legally binding agreements on behalf of the organization or institution.

Custom Extract: A custom extract includes the minimum necessary data to support the research purpose. A custom extract is a data subset or table generated from the commercial and Medicaid data subsets. The Medicare data subset is only available to Vermont state agencies under the data use agreement between CMS and the GMCB.

This process ensures continued compliance with the requirements of the DUA and particularly supports the concept of using the minimum necessary data to support the approved research purpose. For example, if the study approved under a VHCURES DUA addresses pediatric asthma in the Medicaid population, the GMCB may approve use of a custom extract that includes Medicaid paid claims data for enrollees under the age of 19 only.

Data Custodian: The data custodian is responsible for the establishment and maintenance of physical and technical safeguards to prevent unauthorized access to and use of the data set. Agencies may designate multiple data custodians for different departments and programs. The data custodian(s) typically coordinate the receipt of the approved data set from GMCB's data consolidation vendor. The principal investigator may also be the data custodian. State contractors or other agents approved by the GMCB through a Project Review to receive the data set or custom extracts must identify and file contact information for their data custodian(s) with the GMCB.

Data Redisclosure: Any Vermont state agency or non-state entity with a VHCURES DUA that intends to redisclose the VHCURES data set or any custom extracts of the data set to external agents to support projects approved under the DUA must file a Data Redisclosure Request Form (DRRF) with the GMCB for review and approval prior to the redisclosure.

After the GMCB has reviewed a DRRF and approved redisclosure of data to an external agent, the GMCB may request its data consolidation vendor to generate custom data extracts for external agents or permit the external agent to access the data enclave hosted by the vendor. Use of services provided by the GMCB's data consolidation vendor may require payment of a fee to the vendor.

Institutional Review Board (IRB): An institutional review board (IRB), also known as an independent ethics committee (IEC), ethical review board (ERB), or research ethics board (REB), is a committee that has been formally designated to approve, monitor, and review biomedical and behavioral research involving humans.

Personally Identifiable Information (PII): The term PII refers to information that can be used to distinguish or trace an individual's identity, either alone or when combined with other personal or identifying information that is linked or linkable to a specific individual. The definition of PII is not anchored to any single category of information or technology. Rather, it requires a case-by-case assessment of the specific risk that an individual can be identified. It is important to recognize that non-PII can become PII whenever additional information is made publicly available when combined with other available information.

Source: <https://www.gsa.gov/reference/gsa-privacy-program/rules-and-policies-protecting-pii-privacy-act>

Principal Investigator (PI): The Principal Investigator means the individual designated by the Authorized User to be responsible for ensuring compliance with all the restrictions, limitations, and conditions of use and disclosure specified in the DUA. The Principal Investigator may delegate technical responsibility to other personnel for the establishment and maintenance of security arrangements to prevent unauthorized access to and use of the data.

Research: A systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge.

State Entity: Vermont state agencies, contractors, or other external agents performing work for the State of Vermont. A non-state entity is not a Vermont state agency or an agent performing work directed and funded by the State of Vermont.

Application Checklist (For use by the applicant. Applicants must include all required attachments and applicable optional attachments)

Completed Application

- ☒ **Section 1:** Research Summary
- ☒ **Section 2:** Data Management Plan
- ☒ **Section 3:** Project Team *(Including data users for whom signed IUAs are being filed)*
- ☒ **Section 4:** Data Procurement and Price
- ☒ **Section 5:** Data Transmission and Receipt
- ☒ **Section 6:** Signatures

Required Attachments

- ☒ **Attachment 1:** Signed Data Use Agreement *(Must be signed by the Authorized User and Principal Investigator)*
- ☒ **Attachment 2:** Entity's Data Governance and Protection Policies and Procedures
- ☒ **Attachment 3:** Limited Use Research File Specification (Includes justification for requesting restricted data elements as necessary to support the specific research purpose)

Optional Attachments Applicable to Proposed Redisclosures of the Data or Extracts

- ☐ **Attachment 4:** Copy of proposed contracts, subcontracts, or any other agreements with external agents requiring redisclosure of the data set or custom extracts – [N/A](#)
- ☐ **Attachment 5:** Data Redisclosure Request Form(s) (DRRF) must be filed for every external agent identified under Attachment 4 to whom the data or data extracts will be re-disclosed by the entity in possession of the DUA – [N/A](#)
- ☐ **Attachment 6:** Data Governance Policies and Procedures for every external agent identified under Attachment 4 that will be receiving and managing the data set or extracts of the data set – [N/A](#)

Miscellaneous Optional Attachments

- ☐ **Attachment 7:** If applicable to this application, Institutional Review Board approval document – [N/A](#)
- ☐ **Attachment 8:** Other materials requested by the GMCB for the purpose of reviewing the application – [N/A](#)

APPLICATION

Section 1: Research Summary

Section 1 summarizes the specific research purpose of the project requiring access to a limited use health claims research data set during the term of the DUA. The Authorized User must discuss any proposed changes in the research purpose that are not specified in this application with the GMCB. The GMCB may require the filing of an application for proposed changes in data use and the research purpose.

Answer every question in this section. If a question does not apply to your research project, indicate that the item is "Not Applicable." Do not leave a question blank or the application will be deemed incomplete.

1-1. Project Overview

Authorized User Signatory Name & Title: Evan Young, Head of Data Analytics	
Organization/Entity Name: MMS Analytics, Inc. dba MyMedicalShopper	
Type of Organization	<input type="checkbox"/> Federal or State government entity outside of Vermont <input type="checkbox"/> Contractor of Federal or State government entity outside of Vermont <input type="checkbox"/> Academic Institution <input type="checkbox"/> Non-profit research organization <input type="checkbox"/> Participant in the Vermont health care system financing, insurance, or delivery system with direct impacts on the Vermont population <input type="checkbox"/> Participant in health care financing, insurance or delivery systems outside of Vermont <input type="checkbox"/> Health care enterprise such as manufacturers or distributors of pharmaceuticals and medical technology; designers and developers of health systems and facilities, etc. <input checked="" type="checkbox"/> Other: Please describe below Price transparency provider
Principal Investigator Name & Title (if different from Authorized User): N/A – PI = AU	
Project Name (Specify a topic or study): MyMedicalShopper Price Transparency - Vermont Expansion	

Brief Project Description (Summary of subsection 1-5-1): The current state of the healthcare market is unparalleled in complexity and inefficiency. We at MMS plan to augment the coverage of our MyMedicalShopper price transparency platform to include the entire state of Vermont, thereby allowing consumers to make more optimal decisions on the merits of cost, quality, and convenience.
Project Start Date: Immediately upon receipt of data
Project End Date: We hope to continue the project indefinitely and continue to bring price and quality information to the consumers of Vermont for free
Funding Source(s) <input type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> If Other, please describe: The Company is a for-profit entity funded by investors and through sales of its other products, which are sold directly to Third-Party Administrators and employers and do not use APCD data in any way
Line of Business data subset included in data request: <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Medicaid (DVHA must approve Medicaid data use)
If you intend to re-disclose the data to contractors, subcontractors, or other external parties, identify parties (Must align with documents filed under Attachments 4, 5, and 6): N/A – no external disclosures of the raw data are planned. Users will be able to see aggregate information only.

1-2. Authorized User Acknowledgements

Please initial each item indicating your acknowledgement

<input checked="" type="checkbox"/> (x)	<i>I agree that I have the authority to sign legally binding agreements on behalf of the organization or institution as applicable to this application and the attached Data Use Agreement (DUA).</i>
<input checked="" type="checkbox"/> (x)	<i>I have read and agree to the terms of the attached DUA. I understand the contents of the attached DUA may only be modified or amended in writing upon mutual agreement of both parties.</i>
<input checked="" type="checkbox"/> (x)	<i>I have read and agree to cooperate with the GMCB to amend the DUA from time to time to the extent necessary for the GMCB to comply with changes to 18 V.S.A. § 9410, HIPAA, or other legal requirements that may apply to the Data Set.</i>
<input checked="" type="checkbox"/> (x)	<i>I understand and agree that I am required to file signed Individual User Affidavits (IUAs) with the GMCB for every individual data user within my organization and those employed by any contractors, subcontractors or organizations outside my organization approved by the GMCB to access and use</i>

the VHCURES data set. I must file the IUAs prior to receipt of the data set and as new users join the project or risk forfeiture of the data set and the DUA.

- (x) *I understand and agree that I must obtain the express written approval of the GMCB to release the data set or any derived extracts of the data to any agents or parties outside my organization. I must file a Project Review Form (PRF) with the GMCB for review prior to any re-disclosure of the data set to parties outside of my organization or risk forfeiture of the data, the DUA and be subject to civil and criminal sanctions and penalties for an unauthorized disclosure of data.*

1-3. Project Questions

Answer the following questions about your research project.

Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Is the project directed by the State of Vermont including Vermont state agencies and UVM?
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Is this project partially or wholly funded by the State of Vermont?
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Will products generated from the project be used for a proprietary, commercial purpose to generate revenues and income? If yes, explain below:
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is the project useful for determining the capacity and distribution of existing health care resources?
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is the project useful for identifying health care needs and informing health care policy?
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Is the project useful for evaluating the effectiveness of intervention programs on improving patient outcomes?
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is the project useful for comparing costs between various treatment settings and approaches?
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is this project useful for providing information to consumers and purchasers of health care?
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is this project useful for improving the quality and affordability of patient health care and health care coverage?
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Does the project directly support public health activities?
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Does this project support educational purposes such as exploring the claims data for quality, potential uses, health services research training, or integration with other data sets?
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Does this project propose to link VHCURES data with any other individual record-level data sets? <i>If yes, describe the data sets and proposed methodology for linking in Section 1-5-4.</i>
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Does this project anticipate re-disclosure of the data set, custom extracts or analytical files generated from the data set to any identifiable external agents under contracts, grants, and agreements for research purposes that have been specified? <i>If yes, file Attachment 4, 5, and 6.</i>

1-4. Requested Data

Indicate the data files requested in this application.

File Type	Commercial Insurers	Medicaid ¹	Medicare ²	Data Years or Date Range ³
Medical Eligibility-VT Residents	<input type="checkbox"/>	<input type="checkbox"/>	Not applicable	

Medical Claims-VT Residents	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Not applicable	2016-2017
Medical Eligibility- 5% National Sample	Not applicable	Not applicable	Not applicable	
Medical Claims- 5% National Sample	Not applicable	Not applicable	Not applicable	
Pharmacy Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	Not applicable	
Pharmacy Claims	<input type="checkbox"/>	<input type="checkbox"/>	Not applicable	
Medicare Part D Event - VT Residents	Not applicable	Not applicable	Not applicable	
Medicare Part D Event - 5% National Sample	Not applicable	Not applicable	Not applicable	
Medicare MEDPAR	Not applicable	Not applicable	Not applicable	

¹ The Department of Vermont Health Access (DVHA) must approve uses and disclosure of Medicaid data.

² Medicare data may only be used for research directed and partially funded by the state of Vermont.

³ VHCURES data are available on a consolidated CY quarterly or annual basis on paid claims date basis starting with CY 2007.

1-5. Project Overview

- 1-5-1. Summarize the purpose and objectives of the proposed research. Describe how the research will contribute to generalizable knowledge that would also be applicable to the Vermont population, health, and health care and, if applicable, to the State of Vermont supporting the development, implementation, and evaluation of programs administered by Vermont state agencies.

Transparency in the delivery of healthcare services is integral to transforming the market into an efficient, modern marketplace where consumerism can thrive. The current state of the healthcare market is unparalleled in complexity and inefficiency. We at MyMedicalShopper are committed to pulling back the shroud of secrecy surrounding pricing, which is fairly unique to the medical industry. Using the GMCB APCD, we plan to augment the coverage of our MyMedicalShopper price transparency platform to include the entire state of Vermont, thereby creating the potential for medical consumers to make more optimal consumption decisions on the merits of cost, quality, and convenience. Users of the platform, which is accessible on our website and mobile apps, will be able to see an estimate of the cost of care for thousands of procedures, including ancillary procedures that make up a typical indecent of care by provider, before they seek care. In time, we fully expect to be a major influence in returning a semblance of a free market to the healthcare industry and reversing the trend of rising health costs.

To our knowledge there are no publicly available tools available to all medical consumers, be they insured or uninsured, in the state of Vermont, nor any tools that offer the level of detail we provide. While some

carriers offer proprietary tools available only to their customers, the information and selection of providers is seriously limited and does not provide the level of transparency that consumers require to receive real value. Additionally, such tools do not focus on ease of use. MyMedicalShopper, in addition to being available on our website, is also available on our mobile apps in the Apple and Android App Stores.

I encourage you to register for a free account of your own at www.mymedicalshopper.com/sign-up to see the tool I have described first-hand. Search a New England zip code, such as 03801, the location of our home office, to experience the tool in a geography where we have dense provider coverage.

- 1-5-2. Summarize the credentials, skills, and experience of the Principal Investigator and key research staff that are evidence that the Data Set will be used to conduct and support systematic investigations guided by expertise in the subject matter and research methods, including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge.

Evan Young, Head of Data Analytics for MMS Analytics, has a background in financial and data analysis and is a data visualization expert. He has used these skills to interpret complex databases and deliver actionable insights on which tens of thousands of New England consumers have based their healthcare decisions. He has been working with health claims datasets for several years, since the Company's first approval for the use of NH CHIS APCD data in 2014. In the intervening time, he has also been approved for limited and public use datasets from the states of NH, MA, ME, and CT as well as CMS for various research projects and to augment the MyMedicalShopper Price Transparency Platform.

Jason Jeffords, CTO, has previously served as Director for Security Services for Dartmouth College, Affiliate Professor of several computed engineering- and data-focused courses at UNH and USNH, founder of a company which created a state-of-the-art database engine, and has a diverse and lengthy patent portfolio, among several other accomplishments and competencies.

Matt Robinson, VP of Engineering, is a full-stack developer who works with Evan Young to accurately and effectively display pricing information on the site.

- 1-5-3. If your project requires the use of Medicaid data, is the research intended to support public health activities? If yes, explain the application of the project to public health. If no, you may be required to obtain approval to use the Medicaid data from the AHS IRB Review Committee in addition to DVHA. See Optional Attachment 6.
N/A – no Medicaid data is required

- 1-5-4. Explain how you will ensure that your organization and external agents performing state-directed research will have access to the minimum necessary data to support specified research purposes and projects.
N/A with regards to state directed research. Each person listed above in 1-5-2 (and only those listed in that section) has access to the entire data ecosystem controlled by the Company. Each is an expert in his field, all of whom have executed an NDA substantially the same as the one attached to our application as well as a written agreement to abide by the organization security policies (also attached), two of whom have worked with the company for substantially all of its history, one of whom is a co-founder, and one of whom is a C-level executive. All three have completed a data security course in the last two years.

Evan and Jason are involved in the day-to-day research and require full access, while Matt Robinson manages the data infrastructure and is responsible for publishing aggregated data to the site. Although we are not

limiting the scope of data available to any single individual, we do limit data to a very small group of highly qualified, senior employees.

- 1-5-5. List and describe any identifiable record-level data files or other record-level data sources you are planning to use in conjunction with the requested VHCURES data. If the files will be linked, explain the methodology for linking the data; if applicable, which files include direct personal identifiers and list the personal identifiers included in the files; and how the identity of individuals and their PHI will be protected from unauthorized disclosures within and outside your agency or organization.

N/A – no linking is required

- 1-5-6. Identify and briefly describe the funding source(s) for the proposed research including both internal and external sources that may be in the form of state and federal funding, grants, and other sources. Describe the relationship between the funding source(s) and your organization.

The Company is a for-profit entity funded by investors and through sales of its other products, which are sold directly to Third-Party Administrators and employers and do not use APCD data in any way. These other products use data owned by the TPA/employer. We use this data to, among other things, populate (de-identified) claims dashboards to help business owners better understand their groups claims experience and help TPAs automate certain processes in their adjudication process.

- 1-5-7. Explain whether any component of the project was review and approved by an Institutional Review Board (IRB). If yes, attach the IRB review and approval under Attachment 7 to this application.

N/A – not research relating to human subjects.

Section 2: Data Management Plan

Section 2 relates to the policies and procedures your organization will use to ensure the proper management of the VHCURES limited use research data set and custom extracts derived from the data set. The GMCB recognizes the applicability of best practices for information security and privacy used in the CMS Data Privacy Safeguard Program (DPSP)¹ to the review of VHCURES DUA applications. Respond to every question about your organization's and those of approved entities external to your organization policies and procedures to ensure technical and administrative safeguards over the data.

Please answer the questions in each section with references to any attached documents including relevant page and/or section numbers. **Do not simply cite a cross-reference to the policy and procedure documents included under Attachment 2 and 6 of this application in lieu of answering each question. If questions are not answered completely, the application will be deemed incomplete.**

Any Data Redislosure Request Forms (PRF) filed with this application for external agents under Attachment 5 may cite cross-references to this application for the same items in Section 2 below. Instructions are included on the DRRFs.

¹ "Data Privacy Safeguard Program Information Security and Privacy Best Practices" listed under Additional Resources published on <https://www.resdac.org/resconnect/articles/158>

2-1. Physical Possession and Storage of Data Files

Include specific references to the Data Governance and Protection policies and procedures documents filed with this application under Attachments 2 and 6 in your responses to the items below. ***Do not simply cite a cross-reference to the policy and procedure documents in lieu of answering each question.***

- 2-1-1. Describe how your organization will maintain an accurate and timely inventory of the VHCURES limited use research data set including original files received and any derived files used within your organization or released to external agents under state contracts and agreements.

All raw data and derivative works will be collected within a single schema. The only exception is that aggregated data being promoted to production for display to users is transferred to a “master” database so that it comes from a single source. CT APCD data that makes it to this stage will be identified as being sourced from the CT APCD (although that detail will not be shown to users) and will consist only as aggregations (provider, procedure, median cost, number of records, etc.). There will be no cases where data is displayed on the site where there were not at least 11 observations in the raw data.

- 2-1-2. Describe how your organization will ensure and monitor the compliance of all members of research teams both in-house and those employed by approved external agents with privacy and security policies and procedures as described in the documentation filed under Attachments 2 and 6 to this application and as required by the DUA.

See answer for question 1-5-4. Each research team member is a senior, experienced employee full capable of ensuring and monitoring their own compliance with the Company’s policies and procedures and with the Data Use Agreement between MMS and GMCB.

- 2-1-3. Describe the procedures your organization will take to track the status and roles of the research team and notify GMCB of any project staffing changes.

Given that there are only three members of the research team, and these members speak with one another daily with regards to the status of ongoing projects, there is no need for a formal process to track the status and role of each team member. If a new analytics person is hired, and we would like to assign that person to this project, we will provide written notice to the GMCB along with a completed Individual User Affidavit and a description of their qualifications, to seek approval to add the individual to the research team.

- 2-1-4. Describe your organization’s training programs that are used to educate staff on how to protect sensitive data with personally identifiable information, protected health information, and other sensitive financial, socioeconomic, and personal information.

All research team personnel have completed a data security course within the last two years. Given that each interacts with PHI daily in the performance of their duties relating to the Company’s other products, they are all fluent in the identification and proper treatment of such data.

- 2-1-5. Describe the protocol that would be followed by your organization or that of approved external agents, if applicable, to report and mitigate a breach in the security of the data set. Who will be responsible for notifying the GMCB (and CMS as applicable to Medicare data available only to Vermont State Agencies and agents of the State) of any suspected incidents of a breach in the security of the VHCURES data?

Excerpt from policy regarding reporting of a breach:

- a. Breach of Protected Health Information. MMS shall report, following discovery and without unreasonable delay, any "Breach" of "Protected Health Information," as these terms are defined in 45 C.F.R. § 164.402, or other data in the Company's possession which is covered by a Data Use Agreement. MMS shall make an initial report to Data Owner not more than ten (10) business days after MMS learns of the Breach. MMS shall cooperate with Data Owner in investigating the Breach and in meeting all obligations under the Breach Notification Rule and any other security breach notification law.
- b. Security Incidents. MMS shall report to Data Owner any successful (a) unauthorized Access, Use, Disclosure, modification, or destruction of Protected Health Information or (b) unauthorized interference with system operations in MMS's Information System, of which MMS becomes aware. MMS shall make the report available to Data Owner not more than ten (10) business days after MMS learns of such incident.

Excerpt from Incident Response Plan regarding the phases of all responses:

- Recognize and respond to an incident;
- Assess the situation quickly and effectively;
- Notify the appropriate individuals and organizations about the incident;
- Organize the company's response activities, including activating a command center;
- Escalate the company's response efforts based on the severity of the incident; and
- Support the business recovery efforts being made in the aftermath of the incident.

Jason Jeffords will be responsible for notifying the GMCB in the event of such a data breach.

- 2-1-6. What actions will your organization and approved external entities take to physically secure the data files? This includes files in motion, or on servers, local workstations, and hard media.
This answer also applies to question 2-2-6.

The data is stored on Amazon Web Services servers (Aurora) and is encrypted at-rest and in transit. When data is received, it is transferred to the AWS server via SFTP, copies moved to a local workstation for the purpose of the upload are deleted, and the original storage media is moved to a locked safe to which only the three research personnel have access. No extracts of any kind are ever taken from the server, be they electronic or even printed documents. The data is only accessible from the IP addresses of our office in Portsmouth, NH and the homes of the three research team members. Access is impossible from everywhere else. Access requires a secret key stored on only three workstations, and all databases are segregated and have unique passwords. Data displayed on the sire is pulled from a separate server entirely, which holds only aggregated data ready to be shown to the public. Complete access logs are maintained. The research team computers themselves are subject to stringent password standards, are automatically logged out after 15 minutes of activity, and are taken home by their users each night such that they are never left in an unoccupied office.

The AWS instance can be turned off or even wiped from Amazon's admin portal, which requires a separate password and 2FA.

- 2-1-7. Please explain if your organization intends to transmit, store, or transfer the data set or any derived files outside the continental United States.

We do not intend to transmit, store, or transfer the data or derivatives outside of the continental US. Our website is accessible by users worldwide, however, they are not able to extract any raw or aggregated data. The raw data and derivative files created as part of the price estimation process will be kept on a secure Amazon server located in Northern Virginia.

2-2. Data Sharing, Electronic Transmission, Distribution

Include specific references to the Data Governance and Protection policies and procedures documents filed with this application under Attachments 2 and 6 in your responses to the items below. ***Do not simply cite a cross-reference to the policy documents in lieu of answering each question.***

- 2-2-1. Describe what your organization's policies and procedures will be for sharing, transmitting, and distributing the VHCURES data set and any derived files.
No sharing, transmission, or distribution of raw data will ever occur.
- 2-2-2. The GMCB's preferred method of transmission of the data files is through a secure File Transfer Protocol (SFTP) transmission. If you anticipate requesting encrypted hard media, please explain the reasons that SFTP is not an option.
We have all of the infrastructure and ability to accept SPFT transmissions.
- 2-2-3. Would your organization and approved external agents be interested in accessing a hosted data enclave or a researchers' workbench environment eliminating the transmission of data files via SFTP or via encrypted hard media outside of the hosted enclave? If yes, would the interest hold if there are fees for this service? If not interested at all or cautious, please explain your concerns.
We would not be interested in a data enclave for a couple of reasons:
1. We already maintain a powerful compute instance with AWS which we pay for 24/7 whether data is being analyzed or not. We would prefer to make use of this instance given its capacity and high cost.
 2. We need to maintain the ability to move aggregated derivative files to a separate server which hosts our website, for display of the cost estimates to users. I am not aware if the structure of such a data enclave would allow this movement of information, so I am concerned about its utility to us.
 3. To the extent that the GMCB was able to access our specific queries used to estimate the procedure bundles and costs by provider, we are opposed given that we regard those queries as proprietary information.
 4. We would not be interested in paying for such a service, for the previously mentioned reasons.
- 2-2-4. Describe your organization's methods and those of approved external agents for tracking, monitoring, and auditing access and use of sensitive data such as the VHCURES data set.
Access control logs, server logs, and network logs are all captured and maintained for standard compliance intervals.
- 2-2-5. Describe the policies and procedures and procedures your organization and approved external agents use to define data access privileges for individual users of the data, including the Principal Investigator, Data Custodian, analysts and researchers, administrative support, and IT support.
As explained in section 1-5-2, all three research personnel are granted the highest levels of access to the data. For more on why we believe this to be appropriate, please see that section.

2-2-6. Explain the use of technical safeguards for data access (which may include password protocols, log-on/log-off protocols, session time out protocols, and encryption for data in motion and data at rest).
See question 2-1-6.

2-2-7. If approved external agents will have access to the data please describe how that organization's analysts will access the data file, e.g., VPN connection, travel to your organization, or house the data at other locations.
N/A – Our research team consists of only three internal employees.

2-2-8. If additional copies of the data will be housed in separate locations, list the locations and describe how the data will be transferred to these locations.

Immediately after receiving the data, it will be transferred to a new database within our secure AWS environment set up exclusively to house VT data. This server is physically located in Northern Virginia. More details regarding the security of the system are available in section 2-1-6.

2-3. Data Reporting and Publication

2-3-1. Explain your process for reviewing publications prior to dissemination to ensure accurate and appropriate representation of your data sources, analytic methodology, results, caveats, and disclaimers. Describe how your publications will be reviewed to ensure compliance with requirements in the DUA addressing small n suppression, disclaimer of any GMCB endorsement of findings, and data source citation.

We review a sample of data points for reasonableness before publishing and the price estimation and quality algorithms are under constant review for improvements. We welcome comments from providers and consumers which can improve the quality of our price estimates. All procedure prices published carry the following disclaimer: "Please note that medical prices change periodically, and can vary greatly based on your insurance carrier. We recommend that you confirm pricing with the medical provider when making your appointment."

The algorithms will be written in a way to guarantee that cell suppression is maintained at a minimum of 11 records, as required in the DUA. Where a given price is generated with GMCB data, we will add another disclaimer on each price displayed on the site disclaiming GMCB endorsement and also display the source of the price estimate as being the Vermont APCD.

2-4. Completion of Research Tasks and Data Destruction

2-4-1. Describe how you will complete the Certificate of Data Destruction for the data set and derived files stored by your organization or by approved external agents and how the data will be deleted, destroyed or rendered unreadable by all parties with access to the files upon completion of the project.

GMCB data will be hosted on a separate encrypted server instance. When the time comes to destroy the data, we will "secure shred" all of the data, and then delete the instance, at which point Amazon will completely wipe the drive. No extracts of the raw database will ever be taken from the server, either as a printed or electronic document, so data destruction procedures will be limited to the hosting server.

2-4-2. Describe your organization's policies and procedures and those of external agents used to protect VHCURES data files when individual staff members of research teams terminate their participation in research projects (which may include staff exit interviews, return of passkeys, and immediate access termination for example).

All research team personnel use computers owned by the Company. Upon termination, employee workstations are immediately surrendered and handed over to our Information Technology team, which revokes user permissions from certain services accessed by the employee and works with the ex-employee's team to ensure that all useful data on the workstation is either duplicated elsewhere or recovered, before the workstation is wiped and returned to inventory. Additionally, employee RFID access fobs are recovered from such person before they leave the premises. In the case of research team personnel, their access to GitHub, Google Drive, AWS, and other services would be revoked immediately after termination.

- 2-4-3. Describe your organization's policies and procedures to ensure original or derived data files, including non-published aggregate reports, are not used following the completion of the project.

Although we plan to seek additional data from GMCB in the future and hope to keep our project going indefinitely, in the case where the project had come to a close, we would remove price estimates derived from the GMCB APCD from being shown on the site and then delete the raw data. Given that we do not store extracts or derivative works outside of the AWS environment, it would be a relatively simple matter to purge data owned by the GMCB.

Section 3: Project Team

In Section 3-4, list the anticipated individual users within your organization and external agents such as contractors and subcontractors, and project roles. **Signed IUAs for individual users within your organization and those employed by external entities accessing the data must be filed prior to receipt of the VHCURES data set and on an ongoing basis as project staffing may change.**

3-1. Authorized User (Can legally bind the applicant's organization to agreements)

Please provide contact information for the Authorized User's signatory.

Name and Title of Signatory for the Authorized User

Evan Young, Head of Data Analytics

Organization Name

MMS Analytics, Inc. dba MyMedicalShopper

Street Address

99 Bow Street, Suite 100 East

City

Portsmouth

State

New Hampshire

Zip

03801

Telephone

603 502 4691

Email

evan@mymedicalshopper.com

3-2. Principal Investigator

Please provide contact information for the PI if different person than the AU.

☒ Same as Authorized User Signatory

Name and Title of Principal Investigator

Organization Name

Street Address

City

State

Zip

Telephone

Email

3-3. Data Custodian(s)

Provide contact information for the data custodian for your organization and the data custodians for any external agents such as state contractors, subcontractors or other organizations that will storing the VHCURES data set or derived files.

Name and Title of Data Custodian (State Agency)		
Organization		
Street Address		
City	State	Zip
Telephone		Email

Name and Title of Data Custodian Jason Jeffords		
Organization MMS Analytics, Inc. dba MyMedicalShopper		
Street Address 99 Bow Street, Suite 100 East		
City Portsmouth	State New Hampshire	Zip 03801
Telephone 617 299 6242		Email Jason@mymedicalshopper.com

Name and Title of Data Custodian		
Organization		
Street Address		
City	State	Zip
Telephone		Email

Section 4: Data Procurement and Price

The authorized user will receive the data from the GMCB's designated data processing vendor for a fee determined by the number of years of data and whether any complex customization is required. The authorized use may contact the vendor in advance to confirm the exact pricing that generally runs about \$5,200 for an extract of paid claims data spanning five (5) years. Prices are subject to change.

In the future, the GMCB may be offering access to the data through a hosted data enclave. This would eliminate or be an additional option for accessing the data via electronic SFTP transmission of the record-level data. GMCB will notify the authorized user for the DUA when this service becomes available as an option and how it will work as to number of user seats and pricing.

There may be fees for custom extracts. Typically, custom extracts are generated to support the data stewardship principle of disclosing the minimum necessary data to support the research purpose. Data users may be authorized to access a secured data enclave hosted by the vendor. Use of services provided by the GMCB's data consolidation vendor may require payment of a fee to the vendor. Fees will be determined on a case-by-case basis. Onpoint Health Data will manage any invoicing for fees.

The GMCB's designated vendor for the VHCURES Limited Use Research Data Set is:

Onpoint Health Data

Mailing Address:

75 Washington Avenue, Suite 1E
Portland, ME 04101

Physical Address:

55 Washington Avenue
Portland, ME 04101

Main Phone: (207) 623-2555

www.onpointhealthdata.org

Section 5: Data Transmission and Receipt

Use of an electronic secure File Transfer Protocol (SFTP) is the preferred mode of release for approved data extracts. Onpoint Health Data, the GMCB's data consolidation and warehousing vendor will provide an "Electronic Data Transmission Readiness and Logistics Checklist" to assist you in determining whether you are able to receive the transmission.

Please identify your primary contact below for setting up the logistics for SFTP transmission of the approved data extract. The primary contact must either be the Authorized User or Principal Investigator or Data Custodian identified on the DUA or be designated by the AU or PI.

As noted under Section 4, the GMCB may offer access to the data via a hosted data enclave in the future. Authorized users will be notified when this service becomes available.

Primary Contact for Planning Data Transmission Logistics

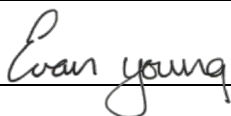
Name: Jason Jeffords
Title/Role in the Project: CTO
If not AU, PI or DC, designated by:
Email Address: jason@mymedicalshopper.com
Phone Number: 617 299 6242
Organization/Agency Affiliation: MMS Analytics
Street, City, ZIP Address: 99 Bow Street, Suite 100 East, Portsmouth, NH 03801

Section 6: Signatures

All statements made in this application are true, complete, and correct to the best of my knowledge.

Authorized User Name: Evan Young

Signature:



Date:

April 11, 2018

Principle Investigator Name (if different from Authorized User)

Signature:

Date:

Data Custodian Name: Jason Jeffords

Signature:



Date:

April 11, 2018

GMCB Processing Section

For GMCB Use Only

Date Application Deemed Complete:

DVHA Application Approval Date:

GMCB Application Approval Date/GMCB Initials:

Date Applicant Notified of Approval:

Application Disapproval Date:

Date Applicant Notified of Disapproval/GMCB Initials

Summary of reasons for disapproval:

Overview

The MyMedicalShopper platform is built on components from service providers who are SOC2 Type II compliant and MyMedicalShopper has initiated the SOC2 Type II compliance process internally. MMS Analytics expects full SOC2 Type II compliance to be certified after one year of controls monitoring, currently Q4 of 2018.

All data in-flight and at-rest is encrypted, credentials and sensitive information are encrypted at the application and database layers, and strict access controls are enforced for MMS Analytics personnel, partners, and customers. Access control logs, server logs, and network logs are all captured and maintained for standard compliance intervals.

Encryption

MyMedicalShopper Application

All data sent to and from the MyMedicalShopper application, either to clients or between the application server and the database is encrypted using HTTPS and TLS.

Amazon WEB Services (AWS)

All data stored within AWS is encrypted, this includes:

1. EC2
2. SFTP Server(s)
3. MySQL (Amazon Aurora)
4. MongoDB (mLab)
5. S3

All data in flight within AWS is encrypted using HTTPS, TLS, and SSH.

Local Data

Apple FireVault is used to encrypt data on all laptops.

HTTPS, TLS, and SSH are used for all data transfers.

AWS Key Management Service (KMS)

MMS Analytics uses the AWS KMS to create and control the encryption keys use to encrypt data.

Data Destruction Controls

Amazon WEB Services (AWS)

The MyMedicalShopper application runs in AWS and is therefore subject to AWS Data Privacy and data destruction upon service/system decommissioning.

All data stored in AWS is erased within 30 days of it not being needed within the MyMedicalShopper and data analytics applications. At present we maintain all data for 3 years (and some data sets longer for historical analysis) before it is destroyed, unless otherwise specified by a data use agreement.

Physical Storage

Any data not in AWS that is stored in local systems/physical storage is subject to data wiping (via at least 3 overwrites) and physical destruction before media disposal.

System Access Controls

Critical Infrastructure

Multi-factor authentication (MFA) and administrative roles are used when accessing all critical infrastructure. This infrastructure includes, but is not limited to:

- AWS
- Meteor Galaxy
- mLab

MyMedicalShopper Application

The MyMedicalShopper application presents an administrative interface to MMS Analytics Administrators. This interface is secured using MFA and is provided to a very limited subset of MMS Analytics employees.

Physical Access Controls

Amazon WEB Services (AWS)

All infrastructure is located in AWS, see AWS Security Whitepaper (<https://aws.amazon.com/whitepapers/overview-of-security-processes/>) for details on AWS physical security.

Corporate Headquarters

Secure facility with proximity card access and visitor sign in and sign out. Multiple offices overlook the entryway.

Protected data on physical systems (i.e. thumb drives) is encrypted, password protected, and stored in physical fire safe(s) when not in use.

GMCB Limited Use Healthcare Research Data Sets: Individual User Affidavit

GMCB USE ONLY	
Vermont Healthcare Claims Uniform Reporting & Evaluation System (VHCURES)	
Data Use Agreement # _____	
State Agency or Instrumentality () _____	
Commercial Data () _____	
Medicare Data () _____	
Medicaid Data () _____	
Non-State Entity () _____	
Commercial Data () _____	
Medicaid Data () _____	
GMCB Signature/Date: _____	
DUA Expiration Date: _____	

I, Evan Young, affiliated with the agency, organization, or company titled MMS Analytics, Inc. dba MyMedicalShopper affirm as follows:

1. I have been designated by the Authorized User or Principal Investigator identified on the Green Mountain Care Board (GMCB) Data Use Agreement (DUA) # _____ as an Individual User who will use or have access to the information disclosed by GMCB under the DUA.
2. ☒ I agree that I have read the DUA and agree to adhere to the provisions set forth in the DUA addressing the protection of confidential, restricted, personally identifiable and personal health information as required under Vermont law and regulations and by the federal Privacy Act and the Health Insurance Portability and Accountability Act (HIPAA) as the absolute baseline for data and information protection. Version 2018-0520
3. ☒ I have read the DUA and agree to adhere to the requirements addressing the actions I will take in the event that there is a suspected or actual breach that could result in the unauthorized disclosure of confidential, restricted, personally identifiable and personal health information.
4. ☒ I have read the DUA and agree to adhere to limiting the use and disclosure of the data and information provided by GMCB under this DUA to the uses and disclosures approved by GMCB and if applicable, as approved by the Department of Vermont Health Access (DVHA) for Medicaid data and by the Centers for Medicare & Medicaid Services (CMS) for Medicare data.
5. ☒ I have read the DUA understand that I may be subject to civil, criminal and monetary penalties for violations use and disclosure guidelines as stipulated in the DUA authorized by GMCB and that GMCB and/or DVHA and/or CMS may prosecute to the fullest extent of applicable state and federal laws.
6. ☒ I have read the DUA and agree to abide by all the provisions included in the DUA issued by GMCB including those provisions stipulated in the DUA between GMCB and CMS and those stipulated in the Memorandum of Understanding between GMCB and DVHA.

GMCB Limited Use Healthcare Research Data Sets: Individual User Affidavit

7. [X] I understand that to the extent any of the above terms of this affidavit conflict with the DUA that the terms of the DUA take precedent and that this Affidavit in no way abrogates or changes the DUA.

8. I affirm under penalty of perjury that all of my statements above are true and correct.

4/11/18
Date

Evan Young
Individual User Signature

Evan Young
Name (Printed)

Head of Data Analytics
Title

MUS Analytics, Inc.
Organization/Employer

603 502 4691
Phone Number

evan@mymedicalshopper.com
Email Address

AUTHORIZED USER/PRINCIPAL INVESTIGATOR ONLY:

As the Authorized User and/or the Principal Investigator as defined in the GMCB DUA # _____ and as signatory on the Data Use Agreement, I have approved the access to and usage of the data for this above-identified Individual User as approved by GMCB and, if applicable.

Evan Young
Authorized User and/or Principal Investigator
Signature

Evan Young
Name (Printed)

MUS Analytics, Inc.
Organization/Employer

4/11/18
Date

GMCB Limited Use Healthcare Research Data Sets: Individual User Affidavit

GMCB USE ONLY

Vermont Healthcare Claims Uniform Reporting & Evaluation System (VHCURES)

Data Use Agreement # _____

State Agency or Instrumentality () _____

Commercial Data () _____

Medicare Data () _____

Medicaid Data () _____

Non-State Entity () _____

Commercial Data () _____

Medicaid Data () _____

GMCB Signature/Date: _____

DUA Expiration Date: _____

I, Jason Jeffords, affiliated with the agency, organization, or company titled UMS Analytics, Inc dba MyMedicalShopper affirm as follows:

1. I have been designated by the Authorized User or Principal Investigator identified on the Green Mountain Care Board (GMCB) Data Use Agreement (DUA) # _____ as an Individual User who will use or have access to the information disclosed by GMCB under the DUA.

Version 2018-0320

2. ☒ I agree that I have read the DUA and agree to adhere to the provisions set forth in the DUA addressing the protection of confidential, restricted, personally identifiable and personal health information as required under Vermont law and regulations and by the federal Privacy Act and the Health Insurance Portability and Accountability Act (HIPAA) as the absolute baseline for data and information protection.

3. ☐ I have read the DUA and agree to adhere to the requirements addressing the actions I will take in the event that there is a suspected or actual breach that could result in the unauthorized disclosure of confidential, restricted, personally identifiable and personal health information.

4. ☒ I have read the DUA and agree to adhere to limiting the use and disclosure of the data and information provided by GMCB under this DUA to the uses and disclosures approved by GMCB and if applicable, as approved by the Department of Vermont Health Access (DVHA) for Medicaid data and by the Centers for Medicare & Medicaid Services (CMS) for Medicare data.

5. ☐ I have read the DUA understand that I may be subject to civil, criminal and monetary penalties for violations use and disclosure guidelines as stipulated in the DUA authorized by GMCB and that GMCB and/or DVHA and/or CMS may prosecute to the fullest extent of applicable state and federal laws.

6. ☒ I have read the DUA and agree to abide by all the provisions included in the DUA issued by GMCB including those provisions stipulated in the DUA between GMCB and CMS and those stipulated in the Memorandum of Understanding between GMCB and DVHA.

GMCB Limited Use Healthcare Research Data Sets: Individual User Affidavit

7. ☒ I understand that to the extent any of the above terms of this affidavit conflict with the DUA that the terms of the DUA take precedent and that this Affidavit in no way abrogates or changes the DUA.

8. I affirm under penalty of perjury that all of my statements above are true and correct.

4/11/18
Date

Jason Jeffords
I _____
Jason Jeffords
Name (Printed)
CTO
Title
MUS Analytics, Inc.
Organization/Employer
617 299 6242
Phone Number
jason@mymedicalshopper.com
Email Address

AUTHORIZED USER/PRINCIPAL INVESTIGATOR ONLY:

As the Authorized User and/or the Principal Investigator as defined in the GMCB DUA # _____ and as signatory on the Data Use Agreement, I have approved the access to and usage of the data for this above-identified Individual User as approved by GMCB and, if applicable.

Evan Young
Authorized User and/or Principal Investigator
Signature
Evan Young
Name (Printed)
MUS Analytics, Inc.
Organization/Employer
4/11/18
Date

GMCB Limited Use Healthcare Research Data Sets: Individual User Affidavit

GMCB USE ONLY

Vermont Healthcare Claims Uniform Reporting & Evaluation System (VHCURES)

Data Use Agreement #

State Agency or Instrumentality ()

Commercial Data ()

Medicare Data ()

Medicaid Data ()

Non-State Entity ()

Commercial Data ()

Medicaid Data ()

GMCB Signature/Date: _____

DUA Expiration Date: _____

I, Matt Robinson, affiliated with the agency, organization, or company titled
MUS Analytics dba MyMedicalShopper affirm as follows:

1. I have been designated by the Authorized User or Principal Investigator identified on the Green Mountain Care Board (GMCB) Data Use Agreement (DUA) # _____ as an Individual User who will use or have access to the information disclosed by GMCB under the DUA.

2. ☒ I agree that I have read the DUA and agree to adhere to the provisions set forth in the DUA addressing the protection of confidential, restricted, personally identifiable and personal health information as required under Vermont law and regulations and by the federal Privacy Act and the Health Insurance Portability and Accountability Act (HIPAA) as the absolute baseline for data and information protection. Vernon 2018-0320

3. ☒ I have read the DUA and agree to adhere to the requirements addressing the actions I will take in the event that there is a suspected or actual breach that could result in the unauthorized disclosure of confidential, restricted, personally identifiable and personal health information.

4. ☒ I have read the DUA and agree to adhere to limiting the use and disclosure of the data and information provided by GMCB under this DUA to the uses and disclosures approved by GMCB and if applicable, as approved by the Department of Vermont Health Access (DVHA) for Medicaid data and by the Centers for Medicare & Medicaid Services (CMS) for Medicare data.

5. ☒ I have read the DUA understand that I may be subject to civil, criminal and monetary penalties for violations use and disclosure guidelines as stipulated in the DUA authorized by GMCB and that GMCB and/or DVHA and/or CMS may prosecute to the fullest extent of applicable state and federal laws.

6. ☒ I have read the DUA and agree to abide by all the provisions included in the DUA issued by GMCB including those provisions stipulated in the DUA between GMCB and CMS and those stipulated in the Memorandum of Understanding between GMCB and DVHA.

GMCB Limited Use Healthcare Research Data Sets: Individual User Affidavit

7. [✓] I understand that to the extent any of the above terms of this affidavit conflict with the DUA that the terms of the DUA take precedent and that this Affidavit in no way abrogates or changes the DUA.

8. I affirm under penalty of perjury that all of my statements above are true and correct.

4/11/18

Date

Matthew Robinson

Individual User Signature

Matt Robinson

Name (Printed)

VP of Engineering

Title

MUS Analytics, Inc.

Organization/Employer

603 969 5307

Phone Number

matt@mymedicalshopper.com

Email Address

AUTHORIZED USER/PRINCIPAL INVESTIGATOR ONLY:

As the Authorized User and/or the Principal Investigator as defined in the GMCB DUA # _____ and as signatory on the Data Use Agreement, I have approved the access to and usage of the data for this above-identified Individual User as approved by GMCB and, if applicable.

Evan Young

Authorized User and/or Principal Investigator
Signature

Evan Young

Name (Printed)

MUS Analytics, Inc.

Organization/Employer

4/11/18

Date

Non-state Entity VHCURES DUA Application: Attachment 3- Limited Use Research File Specification

ID	Common Name	Description	Origin	Release Status ^{1,2}	Request Status	If YES to Request Status, explain how the requested field supports the research purpose
EL-CORE001	Eligibility Record ID	This field contains an ID that identifies a unique eligibility record.	This is a value-added field created by Onpoint.	Unrestricted		
EL-CORE003	Submitter ID	This field contains an ID that uniquely identifies a submitter.	This is a value-added field created by Onpoint.	Restricted	() YES () NO	
EL-CORE005	Coverage Class	This field identifies the type of coverage for the member during the reported period.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
EL-CORE007	Internal Member ID	This field contains an ID that represents a unique member.	This is a value-added field created by Onpoint.	Unrestricted		
EL-CORE009	Member's Relationship Code	This field contains a code that indicates the member's relationship to the subscriber or the insured.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
EL-CORE011	Insurance Type / Product Code	This field contains a code that identifies the member's type of insurance or insurance product.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
EL-CORE013	Primary Insurance Indicator Code	This field contains a code that indicates if the member has primary coverage or instead has secondary/tertiary coverage.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
EL-CORE014	Member Gender Code	This field contains a code that indicates the member's gender.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
EL-CORE015	Member Age (90+ Aggregate)	This field identifies the member's age in years.	This is a value-added field created by Onpoint.	Unrestricted		
EL-CORE016	Age 65+ Flag	This field identifies whether the member was 65 years of age or older.	This is a value-added field created by Onpoint.	Unrestricted		
EL-CORE017	Out-of-State Flag	This field identifies whether the member was domiciled within the state of Vermont.	This is a value-added field created by Onpoint.	Unrestricted		
EL-CORE018	Member Coverage Start Date	This field identifies the first date of the member's insurance coverage within this reporting period.	This is a value-added field created by Onpoint.	Unrestricted		
EL-CORE019	Member Coverage End Date	This field identifies the last date of the member's insurance coverage.	This is a value-added field created by Onpoint.	Unrestricted		
EL-CORE020	Full Medicaid Coverage Flag	This field contains a code that identifies whether or not a member had full Medicaid coverage for the reported membership month.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
EL-CORE022	Aid Category Code	This field contains a code that identifies the member's Medicaid aid category based on eligibility date.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
EL-CORE024	Federal Poverty Level Code	This field contains a code that identifies the member's Medicaid federal poverty level based on eligibility date.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
EL-CORE026	Long-Term Care (LTC) Coverage Code	This field contains a code that identifies the member's Medicaid long-term coverage based on eligibility date.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
EL-CORE028	Dual-Eligibility Code	This field contains a code that identifies the member's dual coverage based on eligibility date.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		

Non-state Entity VHCURES DUA Application: Attachment 3- Limited Use Research File Specification

EL-CORE030	Chronic Care Code	This field contains a code that identifies the member's chronic care designation based on eligibility date.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
EL-CORE032	Coverage Level Code	This field contains a code that identifies the member's coverage level based on eligibility date.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
EL-CORE034	Coverage Type Code	This field contains a code that identifies the member's coverage type based on eligibility date.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
EL-CORE037	Eligibility Code	This Medicaid-supplied field identifies whether or not the member was an eligible beneficiary as of the 15th of the month.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
EL-SUP001	Eligibility Record ID	This field contains an ID that identifies a unique eligibility record.	This is a value-added field created by Onpoint.	Unrestricted		
EL-SUP006	PCMH Initiative Code	This field contains the PCMH initiative code for the reported member.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
EL-SUP016	Market Category Code	This field contains a code that indicates the type of policy sold by the insurer.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
EL-SUP018	Blueprint Service Area Code	This field contains a code that identifies a specific Blueprint Service Area.	This field is supplied as reported by Vermont Medicaid using the Blueprint Service Area element in the member eligibility file.	Unrestricted		
MEM-CORE001	Member ID	This field contains an ID that identifies a unique combination of a member's reported information.	This is a value-added field created by Onpoint.	Restricted	()YES ()NO	
MEM-CORE003	Internal Member ID	This field contains an ID that represents a unique member.	This is a value-added field created by Onpoint.	Restricted	()YES ()NO	
MEM-CORE007	Member City	This field identifies the member's city of residence.	This field is supplied as reported to Onpoint by the submitter.	Restricted	()YES ()NO	
MEM-CORE008	Member State or Province	This field identifies the member's state or province of residence using the two-character abbreviation defined by the U.S. Postal Service (for U.S. states) and Canada Post (for Canadian provinces).	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
MEM-CORE009	Member ZIP/Postal Code	This field identifies the ZIP/postal code associated with the member's residence.	This field is supplied as reported to Onpoint by the submitter.	Restricted	()YES ()NO	
MEM-CORE014	Gender Code	This field contains a code that identifies the member's gender.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
MEM-CORE016	Member Flag	This field flags whether this record is for a member (as opposed to for a subscriber).	This is a value-added field created by Onpoint.	Unrestricted		
MEM-CORE020	Subscriber Member ID	This field contains an ID that identifies a unique combination of a subscriber's reported information.	This is a value-added field created by Onpoint.	Restricted	()YES ()NO	
MEM-CORE021	Subscriber Internal Member ID	This field contains an ID that represents a unique subscriber.	This is a value-added field created by Onpoint.	Restricted	()YES ()NO	
MC-CORE001	Medical Claim Service-Line Record ID	This field contains an ID that identifies a unique service line of a submitted claim record.	This is a value-added field created by Onpoint.	Unrestricted		
MC-CORE003	Submitter ID	This field contains an ID that uniquely identifies a submitter.	This is a value-added field created by Onpoint.	Restricted	()YES (x)NO	

Non-state Entity VHCURES DUA Application: Attachment 3- Limited Use Research File Specification

MC-CORE005	Insurance Type / Product Code	This field contains a code that identifies the member's type of insurance or insurance product.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
MC-CORE007	Line Counter	This field contains the line number for this service.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
MC-CORE008	Member ID	This field contains an ID that identifies a unique combination of a member's reported information.	This is a value-added field created by Onpoint.	Restricted	() YES () NO	I left MC-CORE008 & 018 unchecked because I really need a combination of both of these fields. CHIS of NH calls this combination the Imputed Service Key, and it is an identifier that groups together all services delivered to one individual on the same day. It is not possible to track one person through time, nor does it reveal the date of service, as the value is hashed. Practically speaking, this field identifies procedures that occur on the same day but aren't billed on the same claim, usually because they come from different providers.
MC-CORE009	Internal Member ID	This field contains an ID that represents a unique member.	This is a value-added field created by Onpoint.	Restricted	() YES (x) NO	
MC-CORE011	Member's Relationship Code	This field contains a code that indicates the member's relationship to the subscriber or the insured.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
MC-CORE012	Member Gender Code	This field contains a code that indicates the member's gender.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
MC-CORE013	Member Age (90+ Aggregate)	This field identifies the member's age in years.	This is a value-added field created by Onpoint.	Unrestricted		
MC-CORE014	Age 65+ Flag	This field identifies whether the member was 65 years of age or older.	This is a value-added field created by Onpoint.	Unrestricted		
MC-CORE015	Out-of-State Flag	This field identifies whether the member was domiciled within the state of Vermont.	This is a value-added field created by Onpoint.	Unrestricted		
MC-CORE016	First Paid Date	This field identifies the first payment date for the rendered service.	This is a value-added field created by Onpoint.	Unrestricted		
MC-CORE017	Last Paid Date	This field identifies the last payment date for the rendered service.	This is a value-added field created by Onpoint.	Unrestricted		
MC-CORE018	Date of Service (From)	This field identifies the first date of service for this service line.	This field is supplied as reported to Onpoint by the submitter.	Restricted	() YES () NO	See MC-CORE008
MC-CORE019	Date of Service (Through)	This field identifies the last date of service for this service line.	This field is supplied as reported to Onpoint by the submitter.	Restricted	() YES (x) NO	
MC-CORE020	Admission Date	This field provides the date of the inpatient admission.	This field is supplied as reported to Onpoint by the submitter.	Restricted	() YES (x) NO	
MC-CORE021	Discharge Date	This field identifies the discharge date of the patient from inpatient care.	This field is supplied as reported to Onpoint by the submitter.	Restricted	() YES (x) NO	
MC-CORE023	Place of Service Code	This field contains a code that indicates the type of site where the service was performed.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
MC-CORE025	Type of Bill Code	This field contains a code that identifies the reported type of bill.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
MC-CORE026	Claim Type ID	This field identifies an ID for the type of claim (e.g., facility, professional, etc.) used to report this service line.	This is a value-added field created by Onpoint.	Unrestricted		

Non-state Entity VHCURES DUA Application: Attachment 3- Limited Use Research File Specification

MC-CORE027	Type of Setting ID	This field provides additional granularity regarding the type of claim (e.g., inpatient, outpatient, provider, lab, etc.).	This is a value-added field created by Onpoint.	Unrestricted		
MC-CORE028	Place of Setting ID	This field identifies the setting in which the care was rendered (e.g., hospital, swing bed, skilled nursing facility, etc.).	This is a value-added field created by Onpoint.	Unrestricted		
MC-CORE030	Quantity	This field contains a count of performed services.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
MC-CORE031	Charge Amount	This field identifies the total charges for the service.	This field is supplied as reported to Onpoint by the submitter.	Restricted	(x)YES ()NO	We use this field to screen raw claim lines in different ways. For example, we do not use claim lines with negative charge amounts, nor in cases where the charge amount is less than the total allowed amount.
MC-CORE032	Paid Amount	This field identifies the total dollar amount paid to the provider, including all health plan payments and excluding all member payments and withholds from providers.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
MC-CORE033	Copay Amount	This field identifies the preset, fixed dollar amount payable by a member, often on a per visit/service basis. For the MN APCD, this file is used to combine and report both the copay and the coinsurance amounts.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
MC-CORE034	Coinsurance Amount	This field identifies the dollar amount that a member must pay toward the cost of a covered service, which is often a percentage of total cost.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
MC-CORE035	Deductible Amount	This field identifies the dollar amount that a member must pay before the health plan benefits will begin to reimburse for services.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
MC-CORE041	Claim Status Code	This field contains a code that identifies the status of the claim line — whether paid as primary, paid as secondary, denied, etc.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
MC-CORE043	Procedure Code	This field contains the reported procedure code for the service rendered.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
MC-CORE045	Procedure Modifier Code (1)	This field identifies a CPT procedure modifier, which is used to indicate that a service or procedure has been altered by some specific circumstance but has not changed in its definition or code.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
MC-CORE047	Procedure Modifier Code (2)	This field identifies a CPT procedure modifier, which is used to indicate that a service or procedure has been altered by some specific circumstance but has not changed in its definition or code.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
MC-CORE053	Revenue Code	This field contains a code that identifies the revenue category for the rendered service.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		

Non-state Entity VHCURES DUA Application: Attachment 3- Limited Use Research File Specification

MC-CORE054	ICD Version Indicator	This field contains a code that identifies the version of ICD used to report this service line.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
MC-CORE056	Diagnosis Code	This field contains a code that identifies a distinct diagnosis.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
MC-CORE058	ICD Procedure Code	This field contains the principal ICD procedure code for the service rendered.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
MC-CORE060	Aid Category Code	This field contains a code that identifies the member's Medicaid aid category based on service date.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
MC-CORE062	Discharge Status Code	This field contains a code that indicates the status for the patient discharged from an inpatient stay.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
MC-CORE063	Orphaned Adjustment Flag	This field contains a flag that identifies a reported adjustment record for which the original claim was not submitted.	This is a value-added field created by Onpoint.	Unrestricted		
MC-CORE064	Denied Claim Flag	This field contains a flag that identifies a claim that was denied.	This is a value-added field created by Onpoint.	Unrestricted		
MC-CORE065	Emergency Room Flag	This field contains a code that is used to identify specific emergency room (ER) revenue or procedure codes within a claim.	This is a value-added field created by Onpoint.	Unrestricted		
MC-SUP001	Medical Claim Service-Line Record ID	This field contains an ID that identifies a unique service line of a submitted claim record.	This is a value-added field created by Onpoint.	Unrestricted		
MC-SUP008	Admission Point of Origin Code	This field contains a code that indicates the source of admission.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
MC-SUP010	Admission Type Code	This field identifies the type of admission code for the inpatient hospital claim.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
MC-SUP012	National Drug Code	This field contains the National Drug Code (NDC) reported for this service line.	This field is supplied as reported to Onpoint by the submitter using collection field (National Drug Code).	Unrestricted		
MC-SUP013	APC	This field identifies the Ambulatory Payment Classification (APC) when reported.	This field is supplied as reported to Onpoint by the submitter using collection field (APC).	Unrestricted		
MC-SUP014	APC Version	This field identifies the version of the Ambulatory Payment Classification (APC) reported in the APC field (apc; MC073).	This field is supplied as reported to Onpoint by the submitter using collection field (APC Version).	Unrestricted		
MC-SUP015	DRG	This field identifies the Diagnosis Related Group (DRG).	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
MC-SUP016	DRG Version	This field identifies the version of the Diagnosis Related Group (DRG) reported in the DRG field.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
MC-SUP032	Category of Service Code	This field contains a code that identifies the member's Medicaid category of service.	This field is supplied as reported to Onpoint by Medicaid.	Unrestricted		
MC-SUP034	Fund Source Code	This field contains a code that identifies a specific funding source.	This field is supplied as reported to Onpoint by Medicaid.	Unrestricted		
MC-DIAG001	Medical Claim Service-Line Record ID	This field contains an ID that identifies a unique service line of a submitted claim record.	This is a value-added field created by Onpoint.	Unrestricted		

Non-state Entity VHCURES DUA Application: Attachment 3- Limited Use Research File Specification

MC-DIAG002	Diagnosis Code - Reported Order	This field identifies the order in which the diagnosis code was reported within the context of its specific diagnosis category.	This is a value-added field created by Onpoint.	Unrestricted		
MC-DIAG003	Diagnosis Type ID	This field identifies the type of reported Diagnosis Code (diagnosis_code) (e.g., admitting, principal, other, etc.).	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
MC-DIAG005	ICD Version Indicator	This field contains a code that identifies the version of ICD used to report this service line.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
MC-DIAG007	Diagnosis Code	This field contains a code that identifies a distinct diagnosis.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
MC-PROC001	Medical Claim Service-Line Record ID	This field contains an ID that identifies a unique service line of a submitted claim record.	This is a value-added field created by Onpoint.	Unrestricted		
MC-PROC002	ICD Procedure Code - Reported Order	This field identifies the order in which the ICD procedure code was reported within the context of its specific code category.	This is a value-added field created by Onpoint.	Unrestricted		
MC-PROC004	ICD Version Indicator	This field contains a code that identifies the version of ICD used to report this service line.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
MC-PROC006	ICD Procedure Code	This field contains the principal ICD procedure code for the service rendered.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
MC-PRV001	Medical Claim Service-Line Record ID	This field contains an ID that identifies a unique service line of a submitted claim record.	This is a value-added field created by Onpoint.	Unrestricted		
MC-PRV003	Rendering Provider ID	This field contains an ID that identifies a unique combination of a rendering provider's reported information.	This is a value-added field created by Onpoint.	Unavailable for abortions		
MC-PRV004	Rendering Provider Internal Provider ID	This field contains an ID that represents a unique provider.	This is a value-added field created by Onpoint.	Unavailable for abortions		
MC-PRV005	Billing Provider ID	This field contains an ID that identifies a unique combination of a billing provider's reported information.	This is a value-added field created by Onpoint.	Unavailable for abortions		
MC-PRV006	Billing Provider Internal Provider ID	This field contains an ID that represents a unique provider.	This is a value-added field created by Onpoint.	Unavailable for abortions		
MC-PRV007	Attending Provider ID	This field contains an ID that identifies a unique combination of an attending provider's reported information.	This is a value-added field created by Onpoint.	Unavailable for abortions		
MC-PRV008	Attending Provider Internal Provider ID	This field contains an ID that represents a unique provider.	This is a value-added field created by Onpoint.	Unavailable for abortions		
PC-CORE001	Pharmacy Claim Record ID	This field contains an ID that identifies a unique pharmacy claim record.	This is a value-added field created by Onpoint.	Unrestricted		
PC-CORE003	Submitter ID	This field contains an ID that uniquely identifies a submitter.	This is a value-added field created by Onpoint.	Restricted	()YES ()NO	
PC-CORE004	Submitter Claim Control Number (Encrypted)	This field contains an encrypted version of the claim number used by the data submitter to internally track the claim.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
PC-CORE005	Line Counter	This field contains the line number for this service.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
PC-CORE006	Member ID	This field contains an ID that identifies a unique combination of a member's reported information.	This is a value-added field created by Onpoint.	Restricted	()YES ()NO	

Non-state Entity VHCURES DUA Application: Attachment 3- Limited Use Research File Specification

PC-CORE007	Internal Member ID	This field contains an ID that represents a unique member.	This is a value-added field created by Onpoint.	Restricted	()YES ()NO	
PC-CORE009	Insurance Type / Product Code	This field contains a code that identifies the member's type of insurance or insurance product.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
PC-CORE010	Member Gender Code	This field contains a code that indicates the member's gender.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
PC-CORE011	Member Age (90+ Aggregate)	This field identifies the member's age in years.	This is a value-added field created by Onpoint.	Unrestricted		
PC-CORE012	Age 65+ Flag	This field identifies whether the member was 65 years of age or older.	This is a value-added field created by Onpoint.	Unrestricted		
PC-CORE013	Out-of-State Flag	This field identifies whether the member was domiciled within the state of Vermont.	This is a value-added field created by Onpoint.	Unrestricted		
PC-CORE015	Member's Relationship Code	This field contains a code that indicates the member's relationship to the subscriber or the insured.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
PC-CORE017	Aid Category Code	This field contains a code that identifies the member's Medicaid aid category based on eligibility date.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
PC-CORE018	Date Prescription Filled	This field identifies the date on which the prescription was filled.	This field is supplied as reported to Onpoint by the submitter.	Restricted	()YES ()NO	
PC-CORE019	First Paid Date	This field contains the first paid date associated with the claim.	This is a value-added field created by Onpoint.	Unrestricted		
PC-CORE020	Last Paid Date	This field contains the last paid date associated with the claim.	This is a value-added field created by Onpoint.	Unrestricted		
PC-CORE021	National Drug Code	This field contains the National Drug Code (NDC) reported for this claim.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
PC-CORE022	Drug Name	This field contains the text name of the dispensed drug.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
PC-CORE023	New Prescription or Refill	This field contains a code that identifies whether this was a new prescription or a refill.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
PC-CORE024	Quantity Dispensed	This field identifies the total unit dosage in metric units.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
PC-CORE025	Days' Supply	This field identifies the days' supply for the prescription based on the metric quantity dispensed.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
PC-CORE026	Thirty-Day Equivalency	This field reports the number of thirty-day equivalencies associated with this prescription.	This is a value-added field created by Onpoint.	Unrestricted		
PC-CORE027	Charge Amount	This field identifies the total charges for the service.	This field is supplied as reported to Onpoint by the submitter.	Restricted	()YES ()NO	
PC-CORE028	Paid Amount	This field identifies the total dollar amount paid to the provider, including all health plan payments and excluding all member payments and withholds from providers.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
PC-CORE029	Copay Amount	This field identifies the preset, fixed dollar amount payable by a member, often on a per visit/service basis.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		

Non-state Entity VHCURES DUA Application: Attachment 3- Limited Use Research File Specification

PC-CORE030	Coinsurance Amount	This field identifies the dollar amount that a member must pay toward the cost of a covered service, which is often a percentage of total cost.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
PC-CORE031	Deductible Amount	This field identifies the dollar amount that a member must pay before the health plan benefits will begin to reimburse for services.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
PC-CORE032	Dispensing Fee	This field reports the amount charged for dispensing the prescription.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
PC-CORE033	Ingredient Cost / List Price	This field reports the cost of the drug that was dispensed.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
PC-CORE034	Postage Amount Claimed	This field reports the cost of postage included in the Paid Amount field.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
PC-CORE036	Claim Status Code	This field contains a code that identifies the status of the claim — whether paid as primary, paid as secondary, denied, etc.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
PC-CORE037	Denied Claim Flag	This field contains a flag that identifies a claim that was denied.	This is a value-added field created by Onpoint.	Unrestricted		
PC-CORE039	Generic Drug Indicator Code	This field contains a code that identifies whether the dispensed drug was a branded drug or a generic drug.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
PC-CORE041	Compound Drug Indicator Code	This field contains a code that indicates whether or not the dispensed drug was a compound drug.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
PC-CORE043	Dispense as Written Code	This field contains a code that identifies the instructions given to the pharmacist for filling the prescription.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
PC-CORE044	Orphaned Adjustment Flag	This field contains a flag that identifies a reported adjustment record for which the original claim was not submitted.	This is a value-added field created by Onpoint.	Unrestricted		
PC-CORE045	Medicare Part D Duplicate Flag	This field designates if this is a duplicate Part D record reported by both Medicare and a commercial part D plan.	This is a value-added field created by Onpoint.	Unrestricted		
PC-PRV001	Pharmacy Claim Record ID	This field contains an ID that identifies a unique pharmacy claim record.	This is a value-added field created by Onpoint.	Unrestricted		
PC-PRV003	Pharmacy Provider ID	This field contains an ID that identifies a unique combination of a pharmacy's reported information.	This is a value-added field created by Onpoint.	Unrestricted		
PC-PRV004	Pharmacy Internal Provider ID	This field contains an ID that represents a unique provider.	This is a value-added field created by Onpoint.	Unrestricted		
PC-PRV005	Prescribing Provider ID	This field contains an ID that identifies a unique combination of a provider's reported information.	This is a value-added field created by Onpoint.	Unavailable for abortions		
PC-PRV006	Prescribing Internal Provider ID	This field contains an ID that represents a unique provider.	This is a value-added field created by Onpoint.	Unavailable for abortions		
IPDIS801	Inpatient Discharge Record	This field contains an ID number that identifies a unique inpatient discharge record.	This is a value-added field created by Onpoint.	Unrestricted		
IPDIS803	Internal Member ID	This field contains an ID number that represents a unique member.	This is a value-added field created by Onpoint.	Restricted	()YES ()NO	

Non-state Entity VHCURES DUA Application: Attachment 3- Limited Use Research File Specification

IPDIS804	Place of Setting	This field identifies the setting in which the care was rendered (e.g., hospital, swing bed, skilled nursing facility, etc.).	This is a value-added field created by Onpoint.	Unrestricted		
IPDIS805	Date of Service (From)	This field identifies the first date of service for this service line.	This field is supplied as reported to Onpoint by the submitter using collection field (Date of Service (From)).	Restricted	()YES ()NO	
IPDIS806	Date of Service (Through)	This field identifies the last date of service for this service line.	This field is supplied as reported to Onpoint by the submitter using collection field (Date of Service (Through)).	Restricted	()YES ()NO	
IPDIS807	Admission Date	This field identifies the date of the inpatient admission.	This field is supplied as reported to Onpoint by the submitter using collection field (Admission Date).	Restricted	()YES ()NO	
IPDIS808	Discharge Date	This field identifies the discharge date of the patient from inpatient care.	This field is supplied as reported to Onpoint by the submitter using collection field (Discharge Date).	Restricted	()YES ()NO	
IPDIS810	Discharge Status Code	This field contains a code that identifies the status of the patient discharged from an inpatient stay.	This field is supplied as reported to Onpoint by the submitter using collection field (Discharge Status).	Unrestricted		
IPDIS811	Length of Stay	This field identifies the length of stay (in days) for an inpatient claim	This is a value-added field created by Onpoint.	Unrestricted		
IPDIS812	Member Gender Code	This field contains a code that indicates the member's gender.	This field is supplied as reported to Onpoint by the submitter using collection field (Member Gender).	Unrestricted		
IPDIS813	Member Age (90+ Aggregate)	This field identifies the member's age in years.	This is a value-added field created by Onpoint.	Unrestricted		
IPDIS814	ICD Diagnosis Code – Admitting	This field contains the ICD diagnosis code used to report the member's diagnosis at the time of admission.	This is a value-added field created by Onpoint.	Unrestricted		
IPDIS815	ICD Diagnosis Code – Primary	This field contains the ICD diagnosis code used to report the member's primary diagnosis.	This is a value-added field created by Onpoint.	Unrestricted		
IPDIS816	ICD Diagnosis Code – 1	This field contains additionally reported ICD diagnosis code.	This is a value-added field created by Onpoint.	Unrestricted		
IPDIS817	ICD Diagnosis Code – 2	This field contains additionally reported ICD diagnosis code.	This is a value-added field created by Onpoint.	Unrestricted		
IPDIS818	ICD Diagnosis Code – 3	This field contains additionally reported ICD diagnosis code.	This is a value-added field created by Onpoint.	Unrestricted		
IPDIS819	ICD Diagnosis Code – 4	This field contains additionally reported ICD diagnosis code.	This is a value-added field created by Onpoint.	Unrestricted		
IPDIS820	ICD Diagnosis Code – 5	This field contains additionally reported ICD diagnosis code.	This is a value-added field created by Onpoint.	Unrestricted		
IPDIS821	ICD Diagnosis Code – 6	This field contains additionally reported ICD diagnosis code.	This is a value-added field created by Onpoint.	Unrestricted		
IPDIS822	ICD Diagnosis Code – 7	This field contains additionally reported ICD diagnosis code.	This is a value-added field created by Onpoint.	Unrestricted		
IPDIS823	ICD Diagnosis Code – 8	This field contains additionally reported ICD diagnosis code.	This is a value-added field created by Onpoint.	Unrestricted		
IPDIS824	ICD Diagnosis Code – 9	This field contains additionally reported ICD diagnosis code.	This is a value-added field created by Onpoint.	Unrestricted		
IPDIS825	ICD Diagnosis Code – 10	This field contains additionally reported ICD diagnosis code.	This is a value-added field created by Onpoint.	Unrestricted		

Non-state Entity VHCURES DUA Application: Attachment 3- Limited Use Research File Specification

[illegible]

Non-state Entity VHCURES DUA Application: Attachment 3- Limited Use Research File Specification

IPDIS852	ICD Procedure Code – 7	This field contains an ICD procedure code.	This is a value-added field created by Onpoint.	Unrestricted		
IPDIS853	ICD Procedure Code – 8	This field contains an ICD procedure code.	This is a value-added field created by Onpoint.	Unrestricted		
IPDIS854	ICD Procedure Code – 9	This field contains an ICD procedure code.	This is a value-added field created by Onpoint.	Unrestricted		
IPDIS855	ICD Procedure Code – 10	This field contains an ICD procedure code.	This is a value-added field created by Onpoint.	Unrestricted		
IPDIS856	ICD Procedure Code – 11	This field contains an ICD procedure code.	This is a value-added field created by Onpoint.	Unrestricted		
IPDIS857	ICD Procedure Code – 12	This field contains an ICD procedure code.	This is a value-added field created by Onpoint.	Unrestricted		
IPDIS858	ICD Procedure Code – 13	This field contains an ICD procedure code.	This is a value-added field created by Onpoint.	Unrestricted		
IPDIS859	ICD Procedure Code – 14	This field contains an ICD procedure code.	This is a value-added field created by Onpoint.	Unrestricted		
IPDIS860	ICD Procedure Code – 15	This field contains an ICD procedure code.	This is a value-added field created by Onpoint.	Unrestricted		
IPDIS861	ICD Procedure Code – 16	This field contains an ICD procedure code.	This is a value-added field created by Onpoint.	Unrestricted		
IPDIS862	ICD Procedure Code – 17	This field contains an ICD procedure code.	This is a value-added field created by Onpoint.	Unrestricted		
IPDIS863	ICD Procedure Code – 18	This field contains an ICD procedure code.	This is a value-added field created by Onpoint.	Unrestricted		
IPDIS864	ICD Procedure Code – 19	This field contains an ICD procedure code.	This is a value-added field created by Onpoint.	Unrestricted		
IPDIS865	ICD Procedure Code – 20	This field contains an ICD procedure code.	This is a value-added field created by Onpoint.	Unrestricted		
IPDIS866	ICD Procedure Code – 21	This field contains an ICD procedure code.	This is a value-added field created by Onpoint.	Unrestricted		
IPDIS867	ICD Procedure Code – 22	This field contains an ICD procedure code.	This is a value-added field created by Onpoint.	Unrestricted		
IPDIS868	ICD Procedure Code – 23	This field contains an ICD procedure code.	This is a value-added field created by Onpoint.	Unrestricted		
IPDIS869	ICD Procedure Code – 24	This field contains an ICD procedure code.	This is a value-added field created by Onpoint.	Unrestricted		
IPDIS870	ICD Procedure Code – 25	This field contains an ICD procedure code.	This is a value-added field created by Onpoint.	Unrestricted		
IPDIS871	ICD Procedure Code – 26	This field contains an ICD procedure code.	This is a value-added field created by Onpoint.	Unrestricted		
IPDIS872	ICD Procedure Code – 27	This field contains an ICD procedure code.	This is a value-added field created by Onpoint.	Unrestricted		
IPDIS873	ICD Procedure Code – 28	This field contains an ICD procedure code.	This is a value-added field created by Onpoint.	Unrestricted		
IPDIS874	ICD Procedure Code – 29	This field contains an ICD procedure code.	This is a value-added field created by Onpoint.	Unrestricted		
IPDIS875	ICD Procedure Code – 30	This field contains an ICD procedure code.	This is a value-added field created by Onpoint.	Unrestricted		
IPDIS876	icd_version_ind	This field contains a code that identifies the version of ICD used to report this service line.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		

Non-state Entity VHCURES DUA Application: Attachment 3- Limited Use Research File Specification

MH-CORE001	Medical Claim Header Record ID	This field contains an ID that identifies a unique claim.	This is a value-added field created by Onpoint.	Unrestricted		
MH-CORE003	Submitter ID	This field contains an ID that uniquely identifies a submitter.	This is a value-added field created by Onpoint.	Restricted	() YES () NO	
MH-CORE004	Internal Member ID	This field contains an ID that represents a unique member.	This is a value-added field created by Onpoint.	Restricted	() YES () NO	
MH-CORE005	Internal Provider ID	This field contains an ID that represents a unique provider.	This is a value-added field created by Onpoint.	Unavailable for abortions		
MH-CORE006	Member Age (90+ Aggregate)	This field identifies the member's age in years.	This is a value-added field created by Onpoint.	Unrestricted		
MH-CORE007	Date of Service (From)	This field identifies the first date of service for this service line.	This field is supplied as reported to Onpoint by the submitter.	Restricted	() YES () NO	
MH-CORE008	Date of Service (Through)	This field identifies the last date of service for this service line.	This field is supplied as reported to Onpoint by the submitter.	Restricted	() YES () NO	
MH-CORE009	First Paid Date	This field identifies the first payment date for the rendered service.	This is a value-added field created by Onpoint.	Unrestricted		
MH-CORE010	Last Paid Date	This field identifies the last payment date for the rendered service.	This is a value-added field created by Onpoint.	Unrestricted		
MH-CORE011	Charge Amount	This field identifies the total charges for the service.	This is a value-added field created by Onpoint.	Restricted	() YES () NO	
MH-CORE012	Paid Amount	This field identifies the total dollar amount paid to the provider, including all health plan payments and excluding all member payments and withholds from providers.	This is a value-added field created by Onpoint.	Unrestricted		
MH-CORE013	Prepaid Amount	This field identifies the fee-for-service equivalent that would have been paid by the healthcare claims processor for a specific service if the service had not been capitated.	This is a value-added field created by Onpoint.	Unrestricted		
MH-CORE014	Copay Amount	This field identifies the preset, fixed dollar amount payable by a member, often on a per visit/service basis.	This is a value-added field created by Onpoint.	Unrestricted		
MH-CORE015	Coinsurance Amount	This field identifies the dollar amount that a member must pay toward the cost of a covered service, which is often a percentage of total cost.	This is a value-added field created by Onpoint.	Unrestricted		
MH-CORE016	Deductible Amount	This field identifies the dollar amount that a member must pay before the health plan benefits will begin to reimburse for services.	This is a value-added field created by Onpoint.	Unrestricted		
MH-CORE017	Allowed Amount	This field identifies the sum of the insurer and member paid dollar amounts	This is a value-added field created by Onpoint.	Unrestricted		
MH-CORE018	Insurer Paid Amount	This field identifies the sum of the insurer paid dollar amounts	This is a value-added field created by Onpoint.	Unrestricted		
MH-CORE020	ICD Diagnosis Code	This field contains a code that identifies the principal diagnosis.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
MH-CORE021	ICD Version Indicator	This field contains a code that identifies the version of ICD used to report this service line.	This field is supplied as reported to Onpoint by the submitter using collection field (Principal Diagnosis ICD Version Indicator).	Unrestricted		

Non-state Entity VHCURES DUA Application: Attachment 3- Limited Use Research File Specification

MH-CORE022	Claim Status Code	This field contains a code that identifies the status of the claim line - whether paid as primary, paid as secondary, denied, etc.	This is a value-added field created by Onpoint.	Unrestricted		
MH-CORE023	Denied Claim Flag	This field contains a flag that identifies a claim that was denied.	This is a value-added field created by Onpoint.	Unrestricted		
MH-CORE024	Orphaned Adjustment Flag	This field contains a flag that identifies a reported adjustment record for which the original claim was not submitted.	This is a value-added field created by Onpoint.	Unrestricted		
MH-CORE025	Claim Type ID	This field identifies an ID that identifies the type of claim (e.g., facility, professional, etc.) used to report this service line.	This is a value-added field created by Onpoint.	Unrestricted		
MH-CORE026	Type of Setting ID	This field provides additional granularity regarding the type of claim (e.g., inpatient, outpatient, provider, lab, etc.).	This is a value-added field created by Onpoint.	Unrestricted		
MH-CORE027	Place of Setting ID	This field identifies the setting in which the care was rendered (e.g., hospital, swing bed, skilled nursing facility, etc.).	This is a value-added field created by Onpoint.	Unrestricted		
MH-CORE028	Type of Bill Code	This field contains a code that identifies the reported type of bill.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
MH-CORE029	Emergency Room Flag	This field contains a code that is used to identify specific emergency room (ER) revenue or procedure codes within a claim.	This is a value-added field created by Onpoint.	Unrestricted		
MH-CORE030	Operating Room Flag	This field contains a code that is used to identify specific operating room (OR) revenue or procedure codes within a claim.	This is a value-added field created by Onpoint.	Unrestricted		
PRV-MAST001	Internal Provider ID	This field contains an ID that represents a unique provider.	This is a value-added field created by Onpoint.	Unrestricted		
PRV-MAST003	Entity Type	This field identifies whether the rendering provider was an individual or an organization.	This field is supplied as reported to Onpoint by the submitter.	Unrestricted		
PRV-MAST004	Organization Name	This field contains the name of the facility or organization associated with the reported service.		Unrestricted		
PRV-MAST005	Provider Last Name	This field contains the last name of the provider.	This field is supplied based on a crosswalk between submitter-supplied information and external sources (e.g., NPPES).	Unrestricted		
PRV-MAST006	Provider First Name	This field contains the first name of the provider.	This field is supplied based on a crosswalk between submitter-supplied information and external sources (e.g., NPPES).	Unrestricted		
PRV-MAST007	Provider Middle Initial/Name	This field contains the middle initial or name of the provider.	This field is supplied based on a crosswalk between submitter-supplied information and external sources (e.g., NPPES).	Unrestricted		
PRV-MAST008	Organization Name (Other)	This field contains an additional name of the facility or organization associated with the reported service.		Unrestricted		

Non-state Entity VHCURES DUA Application: Attachment 3- Limited Use Research File Specification

PRV-MAST009	Organization Name (Other) Type	This field contains the type of the additional name of the facility or organization associated with the reported service.		Unrestricted		
PRV-MAST010	Provider Last Name (Other)	This field contains the other last name of the provider.	This field is supplied based on a crosswalk between submitter-supplied information and external sources (e.g., NPPES).	Unrestricted		
PRV-MAST011	Provider First Name (Other)	This field contains the other first name of the provider.	This field is supplied based on a crosswalk between submitter-supplied information and external sources (e.g., NPPES).	Unrestricted		
PRV-MAST012	Provider Middle Initial/Name (Other)	This field contains the other middle initial or name of the provider.	This field is supplied based on a crosswalk between submitter-supplied information and external sources (e.g., NPPES).	Unrestricted		
PRV-MAST013	Provider Suffix	This field contains the service provider's generational identifier (e.g., JR, SR, III).	This field is supplied based on a crosswalk between submitter-supplied information and external sources (e.g., NPPES).	Unrestricted		
PRV-MAST014	Provider Credential Code	This field contains the provider's credential code.	This field is supplied based on a crosswalk between submitter-supplied information and external sources (e.g., NPPES).	Unrestricted		
PRV-MAST015	Provider's Gender Code	This field contains the provider's gender.	This field is supplied based on a crosswalk between submitter-supplied information and external sources (e.g., NPPES).	Unrestricted		
PRV-MAST017	Provider NPI	This field contains the provider's National Provider Identification Number used by the U.S. Centers for Medicare & Medicaid Services (CMS).	This field is supplied based on a crosswalk between submitter-supplied information and external sources (e.g., NPPES).	Unrestricted		
PRV-MAST018	Provider's Primary Taxonomy	This field identifies the primary specialty as listed in the NPPES file for the provider.	This field is based on a combination of submitter-supplied information and external sources (e.g., NPPES).	Unrestricted		
PRV-MAST019	Provider's Secondary Taxonomy	This field identifies the secondary specialty as listed in the NPPES file for the provider.	This field is based on a combination of submitter-supplied information and external sources (e.g., NPPES).	Unrestricted		
PRV-MAST029	Provider Physical City	This field identifies the city for the reported provider location.	This field is supplied based on a crosswalk between submitter-supplied information and external sources (e.g., NPPES).	Unrestricted		
PRV-MAST030	Provider Physical State or Province	This field identifies the state or province of the provider's physical location using the two-character abbreviation defined by the U.S. Postal Service (for U.S. states) and Canada Post (for Canadian provinces).	This field is supplied based on a crosswalk between submitter-supplied information and external sources (e.g., NPPES).	Unrestricted		
PRV-MAST031	Provider Physical ZIP/Postal Code	This field identifies the ZIP/postal code for the reported provider location.	This field is supplied based on a crosswalk between submitter-supplied information and external sources (e.g., NPPES).	Unrestricted		

Non-state Entity VHCURES DUA Application: Attachment 3- Limited Use Research File Specification

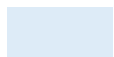
PRV-MAST032	Provider Physical Country	This field identifies the country for the reported provider location.	This field is supplied based on a crosswalk between submitter-supplied information and external sources (e.g., NPPES).	Unrestricted		
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¹ Data coded as "Restricted" are categorized as such under VHCURES Rule H-2008-01. Applicants must describe how restricted data support the research purpose of the project described in the DUA application.

Data coded as "Unrestricted" are available for general or public use. Many are value-added elements that facilitate use of the data set.

² Health care provider data elements are not released if the medical claim record is flagged as a medical abortion or the pharmacy claim record is flagged as a medication abortion.

Non-state Entity VHCURES DUA Application: Attachment 3- Limited Use Research File Specification



Denotes data types not requested.